



Individual Data Collection Questionnaire

	Client Data #1	Client Data #2
Name		
Home Address		
City, State, ZIP		
Home Phone		
Work Phone		
Cell Phone		
Driver's License #		
Social Security #		
Citizenship		
Email Address		
Date of Birth		
Employer		
Title/Job		
Occupation		
Years with Employer		
Office Address		
City, State, ZIP		
Education		
Marital Status: Married Divorced Single Cohabiting Widow/Widower		
Primary contact person during business hours:		
Best way to contact you during business hours: Home Phone Work Phone Cell Phone Email (circle one)		

Dependents: If more space is needed, please attach an additional page					
Name	Marital Status	Relation	Date of Birth	Dependent	Residence

Professional Advisors

Attorney			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Accountant			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Financial Advisor			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Insurance Agent			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Banker			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Employee Benefits Contact			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Other			
Name			
Address			
City, State, ZIP			
Phone		Fax	

Family Physicians

Primary Doctor (Client #1)			
Name			
Address			
City, State, ZIP			
Phone			Fax

Specialist (Client #1)			
Name			
Address			
City, State, ZIP			
Phone			Fax

Primary Doctor (Client #2)			
Name			
Address			
City, State, ZIP			
Phone			Fax

Specialist (Client #2)			
Name			
Address			
City, State, ZIP			
Phone			Fax

Estate Planning Nominees

Executor	
Name	
Address	

Trustee(s)	
Name	
Address	

Estate Planning Documents

	Year Drafted (Client #1)	State Drafted	Year Drafted (Client #1)	State Drafted
Will				
Trust				
POA (healthcare)				
POA (financial)				
Other				

Individual Health History

Client #1

Height			Weight	
Tobacco	Yes No	Type:		How Often
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Condition(s)			Prognosis	
Condition(s)			Prognosis	
Condition(s)			Prognosis	
Last Dr. Visit		Reason		Result
Dr. visits previous 10 years:				

Client #2

Height			Weight	
Tobacco	Yes No	Type:		How Often
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Medication(s)			Reason	Frequency
Any change in dosage? If so, what?				
Condition(s)			Prognosis	
Condition(s)			Prognosis	
Condition(s)			Prognosis	
Last Dr. Visit		Reason		Result
Dr. visits previous 10 years:				

Family Health History

Do you have immediate family history of: cardiovascular disease, cancer, heart attack, stroke or diabetes?				
Name	Relation	Diagnosis	Age at Diagnosis	Age at Death

Financial Opinions & Preferences

Investment Attitude: Conservative 1 2 3 4 5 Aggressive 1 2 3 4 5

Of the following statements, indicate your preferences using a scale of 1 – 5 (Only check one)														
Client #1					Client #2					1 = Most True; 5 = Least True				
1	2	3	4	5	1	2	3	4	5					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would rather work longer than reduce my standard of living in retirement.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We can reduce our current living expenses to save more for the future.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am more concerned about protecting my assets than about growth.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am comfortable with investments that are slow & long-term in growth.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My focus is on growth opportunities rather than income.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am optimistic about my financial future.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am focused on saving for retirement.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am focused on education costs for my children.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am concerned about replacing lost income due to death or disability.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am concerned about paying the mortgage/debts in case of death or disability.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am concerned about funding for future estate taxes.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am concerned about outliving our income and resources.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am taking full advantage of tax avoidance measures.				

Advisor Relationships

1 = Relationship Oriented; 5 = Transaction Oriented							
Advisor	1	2	3	4	5	Not Applicable	Comments
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wealth Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – P&C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Income Information

	Client #1	Client #2
Wages & Salaries	\$	\$
Interest	\$	\$
Dividends	\$	\$
Investments	\$	\$
Business Income	\$	\$
Pensions	\$	\$
Social Security	\$	\$
Alimony & Other	\$	\$

Have you received a copy of your credit report in the past 12 months?	Yes No
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Asset Overview

Institution - Bank Accounts	Checking	Savings	Money Market	Who Owns Acct?	Average Balance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Institution – CDs	Who Owns CDs?	Average Balance
		\$
		\$
		\$
		\$

Real Estate & Personal Property	Who Owns Property?	Estimated Value
Primary Residence		\$
Secondary Property		\$
Furnishings (liquidation value)		\$
Vehicle #1		\$
Vehicle #2		\$
Other		\$

Retirement Accounts, Brokerage Accounts, Annuities, etc.	Description	Who Owns Asset?	Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$

Please comment on the advice that you seek.

Contact Info	
Address	
Phone	
Email	

Documents to Review

- 1. Power of Attorney Documents**
- 2. Will and Trust Documents**
- 3. Non-Qualified and Qualified Retirement Plans**
- 4. Personal and Business Tax Returns (last 2 years)**
- 5. Insurance Policies (life, health, disability, long term care, annuity)**
- 6. Brokerage Account and Mutual Fund Statements**
- 7. Group Benefits Plan Summary**
- 8. Projected Personal Budget**
- 9. Corporation and Partnership Agreements**
- 10. Business Succession Plans and Buy-Sell Agreement**

Advisor Disclosure

- I am an Independent Financial Planning Advisor. As such, I am able to always act in the interest of my clients in my recommendation of products and services.
- I base my recommendations on information provided to me by my clients. My advice can only be as good as the information on which it is based. I, therefore, always request clients to provide accurate and complete information so that I can serve my clients most efficiently.
- Each client is requested to complete a Financial Information Organizer and Business Census Questionnaire to assure that I have all of the data I need.
- I do not practice law or act as a tax advisor but generally do act as the strategic planning coordinator between the client and the client's legal and tax advisors.

Signature of Agent

Date

Acknowledgment of Applicant and Insured

- I have read and understand the information provided in the above Disclosure.
- I have made my product and planning decisions based on a thorough review and analysis of my alternatives and only after consulting both my personal legal and tax advisors regarding proposed strategic planning options.
- I have determined that the plan and financial products I am purchasing are both appropriate and suitable to meet my planning needs and I assume complete responsibility for the results of my decisions.

Signature of Applicant

Date

Signature of Insured

Date